

**BEVERLY HILLS UNIFIED SCHOOL DISTRICT
VOLUNTARY CATASTROPHIC / SICK LEAVE PROGRAM
CLASSIFIED UNIT MEMBERS AND MANAGEMENT
CONTRIBUTION FORM
200__ - 200__**

Please sign, and return to the Payroll Office no later than October 1, or by the end of the first month of service for new hires.

I **elect** to contribute one (1) sick leave day. I understand that the day I contribute is irrevocable and will be subtracted from my accumulated sick leave.

My signature below indicates that I have read and accept all of the provisions of the relevant BHUSD Classified Agreement.

XXX – XX - _____

Print Name

Social Security Number (last 4 digits)

Signature

Date

**BEVERLY HILLS UNIFIED SCHOOL DISTRICT
VOLUNTARY CATASTROPHIC / SICK LEAVE PROGRAM
CLASSIFIED UNIT MEMBERS AND MANAGEMENT
WITHDRAWAL REQUEST**

Name:	School Site:	Date:
Social Security Number (last 4 digits): XXX – XX- _____	Phone: ()	

Please Check Your Selection, Complete Form, Attach Verification, and Return to the Human Resources Office.

Initial Request

OR

Request for Extension

Start of Absence:	Number of Days Requested:
Reason for Absence:	

NOTE: Please attach verification from your health care provider that will support the nature and period of absence.

COMMITTEE USE ONLY

DATE: _____

Approved *Unit Committee Member*
of days: _____ *Signatures:*

Declined *District Committee Member*
Signatures:

Original: Payroll

Yellow: C.S.L.P. Committee (in care of HR)

Pink: Unit Member